

STATE OF ALASKA  
ALASKA OIL AND GAS CONSERVATION COMMISSION  
**REPORT OF SUNDRY WELL OPERATIONS**

1. Operations Performed:          Abandon <input type="checkbox"/> Repair Well <input type="checkbox"/> Plug Perforations <input type="checkbox"/> Stimulate <input type="checkbox"/> Other <input type="checkbox"/> _____ Alter Casing <input type="checkbox"/> Pull Tubing <input type="checkbox"/> Perforate New Pool <input type="checkbox"/> Waiver <input type="checkbox"/> Time Extension <input type="checkbox"/> _____ Change Approved Program <input type="checkbox"/> Operat. Shutdown <input type="checkbox"/> Perforate <input type="checkbox"/> Re-enter Suspended Well <input type="checkbox"/>																																																											
2. Operator Name: _____ 3. Address: _____	4. Current Well Class: Development <input type="checkbox"/> Exploratory <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Service <input type="checkbox"/>	5. Permit to Drill Number: _____ 6. API Number: _____																																																									
7. KB Elevation (ft): _____		9. Well Name and Number: _____																																																									
8. Property Designation: _____		10. Field/Pool(s): _____																																																									
11. Present Well Condition Summary:																																																											
<table style="width: 100%;"> <tr> <td style="width: 15%;">Total Depth</td> <td style="width: 15%;">measured _____ feet</td> <td style="width: 15%;">Plugs (measured) _____</td> </tr> <tr> <td></td> <td>true vertical _____ feet</td> <td>Junk (measured) _____</td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>Effective Depth</td> <td>measured _____ feet</td> <td></td> </tr> <tr> <td></td> <td>true vertical _____ feet</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>Casing</td> <td>Length</td> <td>Size</td> </tr> <tr> <td>Structural</td> <td></td> <td></td> </tr> <tr> <td>Conductor</td> <td></td> <td></td> </tr> <tr> <td>Surface</td> <td></td> <td></td> </tr> <tr> <td>Intermediate</td> <td></td> <td></td> </tr> <tr> <td>Production</td> <td></td> <td></td> </tr> <tr> <td>Liner</td> <td></td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>Perforation depth:</td> <td>Measured depth: _____</td> <td></td> </tr> <tr> <td></td> <td>True Vertical depth: _____</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr> <td>Tubing: (size, grade, and measured depth)</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Packers and SSSV (type and measured depth)</td> <td>_____</td> <td>_____</td> </tr> </table>			Total Depth	measured _____ feet	Plugs (measured) _____		true vertical _____ feet	Junk (measured) _____				Effective Depth	measured _____ feet			true vertical _____ feet					Casing	Length	Size	Structural			Conductor			Surface			Intermediate			Production			Liner						Perforation depth:	Measured depth: _____			True Vertical depth: _____					Tubing: (size, grade, and measured depth)	_____	_____	Packers and SSSV (type and measured depth)	_____	_____
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12. Stimulation or cement squeeze summary: Intervals treated (measured): _____  Treatment descriptions including volumes used and final pressure: _____																																																											
13. Representative Daily Average Production or Injection Data																																																											
	Oil-Bbl	Gas-Mcf	Water-Bbl	Casing Pressure	Tubing Pressure																																																						
Prior to well operation:	_____	_____	_____	_____	_____																																																						
Subsequent to operation:	_____	_____	_____	_____	_____																																																						
14. Attachments: Copies of Logs and Surveys Run _____ Daily Report of Well Operations _____		15. Well Class after proposed work: Exploratory <input type="checkbox"/> Development <input type="checkbox"/> Service <input type="checkbox"/> 16. Well Status after proposed work: Oil <input type="checkbox"/> Gas <input type="checkbox"/> WAG <input type="checkbox"/> GINJ <input type="checkbox"/> WINJ <input type="checkbox"/> WDSPL <input type="checkbox"/>																																																									
17. I hereby certify that the foregoing is true and correct to the best of my knowledge.				Sundry Number or N/A if C.O. Exempt: _____																																																							
<table style="width: 100%;"> <tr> <td style="width: 40%;">Contact _____</td> <td style="width: 60%;"></td> </tr> <tr> <td>Printed Name _____</td> <td>Title _____</td> </tr> <tr> <td>Signature _____</td> <td>Phone _____ Date _____</td> </tr> </table>						Contact _____		Printed Name _____	Title _____	Signature _____	Phone _____ Date _____																																																
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